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DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED  
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 204.]

**MILK.**—It is not our intention to enter into any examination of the chemical constitution of milk, but simply to notice one or two peculiar and not easily explicable effects which it produces, when used as an article of diet by adults.

When we reckon up the ingredients of milk (caseine, butter, sugar of milk, common salt, and the phosphates of soda, lime, magnesia and iron, combined with much water), we perceive, from the total, or nearly total, absence of acid in it (perhaps minute traces of lactic acid are occasionally found), that it is adapted to act very tranquillizingly on the mucous surfaces. Experience teaches us that all aliments not neutral, but exerting either an alkaline or acid re-action, disturb more or less the digestive mucous surfaces, and more or less interfere with healthy and complete digestion. Of the two re-agencies, the acidulous seems to act more injuriously than the alkaline, especially on persons past middle life. Excretions, moreover, which are acidulous, are ever more irritating than the alkaline. Milk, then, which, when good and fresh, is a neutral fluid, is eminently grateful to the human stomach in infancy; but as regards adults, the case seems somewhat to alter. It may be that milk is not intended to be used by adult animals, for thereby the supply for the young would be unduly diminished; and this is not the only economical provision of a similar kind in nature which we may observe. When milk does create stomach disturbance in an adult, it is generally to the butyric constituent that we trace the derangement in question, which consists of rancid eructations, &c.; and we wonder that an ingredient, which forms only from two and a half to three and a half per cent. of the integral fluid, should be the source of those often severe symptoms which we witness. Possibly the caseine, coagulated by the stomachic acids into curd, may contribute to the morbid effects just referred to.

While, however, milk disagrees, in the manner described, with many adults, in others it causes very different, but not less formidable derangements. It appears to exert a singularly sedative effect on the duodenum, the condition of which portion of the intestinal canal seems (by sympathy) to regulate the degree of activity of the hepatic secretion. Un-

der the influence of milk, used largely by an adult not accustomed to it, the biliary secretion, or at least the excretion of bile, seems to become nearly or wholly suspended, the liver tumefies, and a mild form of jaundice ensues; the eyes, and even the skin, assume a yellow hue; the tongue is coated with a yellow fur; the stools are pale; and that drowsiness of body and apathy of mind which characterize idiopathic icterus, are experienced in an incipient degree. Popular wisdom explains all this, by saying curtly that milk is bilious. But milk contains less of the materials of bile than many other kinds of food. The true explanation is, that to the infantile stomach, which has never known any other aliment, or the artificial stimulation of our various saline, acidulous, pungent, peppery condiments, milk is an article which sufficiently excites the unsophisticated digestive sensibilities. But when an adult, accustomed to the artificial stimulants above described, suddenly resorts, from a freak of his own, or that of an indiscreet medical adviser, to a large use of milk, with a view to mitigate some dyspeptic irritation, he soon experiences the untoward effects which we have above enumerated, and which arise from too little stimulation of the duodenum and orifice of the ductus communis.

There are various modes of avoiding these effects—1. We may dilute the milk with water. 2. Boiling the milk seems to lessen the chance of its deranging the stomach. 3. Adding a little brandy to it has the same effect, and is perhaps the most eligible amendment.—*London Lancet.*

#### FÆCAL ABSCESS IN THE RIGHT ILIAC REGION.

BY R. F. GIBBS, M.D., MANSFIELD, I.A.

J. A. D., aged about 26 years, of nervo-lymphatic temperament—a native of the State of Vermont, removed to Mansfield, La., in the fall of 1849, to engage in the pursuit of teaching. His object in selecting this latitude for a residence, was on account of a predisposition to pulmonary disease, which had manifested itself several years before, during a residence in the State of Michigan.

At the time of his arrival, his general health was good, with a very slight occasional cough, and a disposition to take cold and an increase of cough on any slight exposure, or imprudence; but a few months' residence during the pleasant weather of the fall of that year, had exercised a very salutary influence upon this pulmonary tendency, and he expressed himself as *much* better in that respect than he had been for several years previous. In the latter part of the month of December, he contracted a very slight attack of intermittent, acquired doubtless by the warm weather of the fall and more than ordinary exposure to the malarious atmosphere of this latitude. This yielded promptly to the ordinary treatment, but, as often happens with persons unaccustomed to a southern climate, the intermittent manifested a tendency to recurrence every fifteen or twenty days. These returns, however, exercised no detrimental influence upon his general good health, except he suffered severely in the early part of January in the present year, with night

sweats. To relieve this very unpleasant and disagreeable symptom, he consulted another physician of this place, who had acquired an unenviable notoriety for *permanently eradicating intermittent fevers*, and their attendant evils.

The medicine given was composed of *sulp. ferri* (common copperas) and the oil of black pepper, with perhaps quinine in doses of thirty-five or forty grains, as appeared from the size of the pills and the number directed to be taken at one time.

Mr. D. informed me himself that the two first articles were the principal ingredients of the pills, but what else he could not say. They were directed, in the above doses, to be taken every six hours. After swallowing the first or second dose, he complained of a pain and a burning sensation down the œsophagus and in the stomach, and in a few hours this symptom extended over the entire region of the small intestines, and finally located itself in the right iliac fossa, where it remained permanent. Such was the unpleasantness of his feelings and his great suffering that he refused to take the prescription any longer—discharged his physician, and called in Dr. C., of this place, a few days thereafter.

When seen by the doctor, he was still suffering severely from pain, and he had become very uneasy on account of a considerable enlargement which had made its appearance in the right iliac fossa, immediately over the region of the cœcum; to this point, in fact, all his sufferings were assigned. The bowels at this period showed no serious disorder. The discharges were of a healthy appearance, and voided without any pain, and the general condition of his system was good.

Apprehending serious consequences from the above detail of symptoms, the doctor directed the application of poultices of Indian meal, and a gentle purgative given to keep the bowels in a solvent state, and that rest and the horizontal position be enjoined.

This treatment having failed in reducing the tenderness and enlargement of the point, the use of the *tinc. iodine* was resorted to, extensively applied over its surface, and this having failed likewise, a blister was applied, which for the time appeared to check the disease, and Mr. D. felt so far better as to remove to another boarding-house. The tenderness and tumefaction of the parts had subsided so much that he left his bed, and was able to take his meals at the public table. The day following, however, he was again suffering with an aggravation of all the symptoms, and the pain and tumefaction had again returned. The blister was again resorted to, but with little other effect than a partial alleviation of the suffering, when on the eighth day of his removal the tumor pointed some two inches below the anterior superior spinous process of the ilium, in a line from that point to the symphysis pubis. Dr. C. now discovered considerable fluctuation in the tumor, opened it with a lancet, and gave exit at the time to only a slight discharge of purulent matter mixed with blood, destitute, however, of all fecal appearance or odor. Warm fomentations were applied to the parts, and during the night there was a discharge of some eight or ten ounces of apparently pure pus. This healthy appearance of the discharge continued for

five or six days, when on his usual morning visit he was informed that the skin of a preserved plum, in which some medicine had been taken the night previous, had escaped at the external orifice. Up to this period of his attack much doubt and uncertainty hung around his case; the suddenness of his illness, and the general condition of his bowels, indicating nothing of the real nature of his disease.

When the opening was first made into the tumor, Dr. C. had observed the escape of bubbles of gas through the incision along with the discharge, but this at the time was attributed to the large collection of pus which had buried itself among the abdominal muscles. The disease of the caput coli was suspected from the commencement; no examination of his case with the general attendant symptoms gave indication of its existence.

Dr. C. was aided in the case by my friend Dr. H. of this Parish, whose skill, attainments, and zeal in his profession, place him at the head of the profession in north-western Louisiana. They both suspected impaction of fæcal matter in the cæcum, but ulcerative abscess was not apprehended, and the surrounding inflammation was thought to be only in the abdominal muscles. The discharge of the skin of the preserved plum, it was thought, might have been mistaken for portions of disorganized cellular membrane.

It was at this time that the case first came under my attention with Dr. C., and the history up to this period was derived from these professional gentlemen, and the patient himself, who was a gentleman of great intelligence and refinement. Upon investigation and examination of the abscess, I had no hesitation in arriving at the conclusion of its being an ulcerative opening in the caput coli, to which conclusion I was forced by the nature and appearance of the discharge, its slightly fæcal odor and the position of the external opening.

From this time the indications of fæcal matter were more obvious every day. At the expiration of four weeks another pointing to the tumor was discerned about the neck lower down, and an incision being made into it, a foreign substance was discovered approaching the surface. The opening having been enlarged, and warm fomenting poultices applied, the substance presented itself and was seized upon very readily and extracted, when it proved to be a very large orange seed, in a state of decay, such as to warrant the conclusion of its having been retained within the folds of the intestine for some time past. After the passage of this substance, the fæcal discharges were more abundant, and the suppuration very extensive, and his system evidently began to give way. He became much reduced in flesh, exceedingly debilitated and feeble, and suffered much from hectic fever. There was nothing, however, to excite any apprehension of disease of the lungs, as all these symptoms might readily result from the enormous drain upon the system by the suppuration. I will not undertake to detail the treatment resorted to, but every means were put in requisition which could invigorate the system; and among the remedies found most useful, was *iod. ferri*, given in solution in doses of two grains, three times a-day, together with a nutritive diet, both animal and vegetable, and the bowels relieved by daily enemas.



Under this general treatment his system rallied—the fæcal discharges through the abscess lessened, the surrounding inflammation and hardness in a great measure disappeared, and the pus became of a more healthy color and consistence. He was finally enabled to leave his bed about the middle of May, and take moderate exercise both on foot and horse-back, and every prospect of a speedy restoration to health presented itself.

It was during the progress of these favorable appearances in the case, that he apparently contracted a slight cold, with some cough, but by no means annoying—attended with a very slight diarrhœa, which he was disposed to attribute to an over-indulgence in eating. No examination was made of the condition of the lungs, as the cough gave him but little annoyance, and was easily arrested by expectorating mixtures.

But little alteration was perceptible in his case for several weeks, taking his usual amount of food and exercise, and finally, in the latter part of June, he was sufficiently restored to undertake a journey of forty miles to a chalybeate spring in the parish of Sabine, at which he concluded to spend the remainder of the summer. The fatigue of the trip, and the very uncomfortable accommodations he was forced to submit to, caused an immediate aggravation of his pulmonary affection, and as the case passed from under my attention, I know but little of its further history, until he returned to Mansfield in the latter part of August, very much emaciated and feeble, with a decided increase of all the unfavorable symptoms. His cough was now very oppressive, the expectoration copious and puruloid, and he suffered with a most uncontrollable diarrhœa, and exhausting hectic and night sweats. Auscultation now gave evidence of a very extensive cavity in the lower lobe of the left lung, but the right appeared in a much better condition, and seemed almost entirely to carry on respiration. There was considerable contraction of the left side of the thorax, and all the indications afforded by this examination exhibited the case in the last stage of phthisis.

He died on the 8th of September.

The liver was small but of healthy color, and the gall-bladder contained about two ounces of bilious matter. The stomach presented no unusual deviation from health, except as to its color, which was of a very pale pink, but the whole intestinal canal was much contracted, doubtless from the flaccid state in which they had remained so long, and the exhausting nature of his disease. The ilium was rather a dark color, and contained fæcal matter of healthy appearance and odor. The cœcum was found firmly attached to the inner crest of the os ilium and the inner surface of the iliacus internus and psoas muscles, and bands of adhesive matter likewise bound down the cæcal portion of the colon. The mesenteric glands were much enlarged, and many of them contained a deposit of tuberculous matter. A ligature was thrown around the ascending colon three inches above the caput coli, and another around the ilium two inches above the ilio-cæcal valve, and the portion of intestine embraced between the two, was separated, when the cœcum was found firmly attached to the walls of the abdomen by extensive deposits of firmly-coagulated lymph. The appendix verniformis

was remarkably short, and had two ulcerated openings—one near its base, and the other half an inch nearer its extremity. No fæcal matter passed through these openings, as they were completely bound and enclosed by deposits of lymph. About half an inch from the base of the appendix, and directly into the *cul-de-sac* of the cæcum, was a fistulous ulcerated opening, communicating with the cavity of the intestine, about one fourth of an inch in diameter, and so completely enclosed around by attachments on every side, as thoroughly to prevent the escape of the fæcal contents into the cavity of the abdomen.

The fistulous opening penetrated the obliquus internus at a point near the anterior inferior spinous process of the ilium; thence downwards and onwards towards Poupart's ligament, between the layers of the obliquus internus and externus; through the latter muscle, the transversalis and integuments externally, about one inch from its corresponding inner opening. The walls of this very angular canal were firmly attached on every side, completely preventing the pus and other discharges from penetrating between the layers of muscles. No obstruction existed at the ilio-cæcal valve, but at the point where the ascending colon rises upwards from the cæcum, there was a considerable narrowing of the intestine, but not sufficient to offer any serious impediment to the passage of intestinal matters.

There was no impaction of fæcal or other matters found, but the passage was free and uninterrupted.

The lower portion of the ascending colon was remarkably thin, and the mucous surface covered with patches of black infiltrated matter, but there was no softening or ulceration of its surface.

Owing to the lateness of the hour, the autopsy was not extended any further.

*Remarks.*—Though Mr. D. evidently died of phthisis pulmonalis, doubtless brought into active existence by the exhausting nature of the fæcal abscess; the question which presents itself is, what brought about this condition in the caput coli? If the orange seed, why did it not pass away during the early part of his illness, when the suppuration was so very extensive? My own impression is, that the seed had been lodged in the caput coli without causing any inconvenience, and only acted as a foreign body when the whole intestinal canal was violently excited by the stimulating and irritating nature of the medicine taken. This view appears well supported from the disease in the cæcum manifesting itself so immediately afterwards. The seed evidently passed through the ulcerated opening in the *cul-de-sac* of the cæcum, and the only way to account for the two other openings in the appendix vermiformis, is that one of the highly-irritating pills had lodged in its patulous extremity, when it produced the violent pain and suffering first complained of by the patient, which ultimately terminated in ulceration. Mr. D. had no recollection of having eaten an orange since the previous October, so that the seed must have remained in the intestine without any inconvenience for over five months.—*N. Orleans Med. and Surg. Journal.*

## DR. CORNELL'S PRACTICAL OBSERVATIONS ON INHALATION.

[Continued from page 336.]

THE vapor bath, when either the *moist* or *dry* vapor is inhaled, comes in for a share of our attention, while speaking of the therapeutical effect of vapor upon the *air-passages* and *lungs*. It is not designed, at present, to eulogize this kind of bath, or to show its beneficial effects in certain cases and other diseases, only as these modify or are connected with that class of diseases now under consideration; and this, to no inconsiderable degree, it must be admitted, is always the case, as there is a very intimate relation between the lungs and skin. Some years since, in various diseases, I often had an opportunity of perceiving, by their effects upon that class of diseases of which I am now treating, how essentially the lungs were influenced by the cutaneous absorbents, and other organs of the skin. The vapor bath may be used, and it is sometimes advisable that it should be used, without its being inhaled into the lungs; but of its use in this form, however valuable it may be, in the treatment of some diseases, I am not now intending to speak.

The kind and form of the vapor bath and its administration, which I now refer to, are thus spoken of by Dr. Erasmus Wilson in his "Treatise on Healthy Skin." "The vapor bath offers some points of difference to the preceding [those where the exterior of the body only was vaporized] in the circumstance of extending its influence to the *interior* as well as the exterior of the body. The bather is seated upon a chair, in a position agreeable to himself, and the vapor is gradually turned on around him, until the requisite temperature (from  $90^{\circ}$  to  $100^{\circ}$ ) is attained. The vapor is, consequently, *breathed*, and thus brought into contact with every part of the *interior* of the lungs. The vapor bath has undergone much improvement within the last few years, and its powers, as an agent for the cure of disease, have been increased by the discovery of various vegetable substances, whose volatile elements are susceptible of being diffused through the vapor, and, thus introduced into the blood, are made to act upon the system." This *interior* use of the plain and medicated vapor is the one now before us. Nor is its use, either by the vapor of simple water, or with medications, *new*, though it may be, and doubtless has been, much improved; for Boerhaave long since recommended to the medical profession, "the employment of the vapor of water, distilled over elder flowers, in pulmonary catarrh;" and still further back towards the commencement of old time, "Hippocrates recommended fumigation—sometimes simply watery vapor, sometimes the vapor of vinegar." and sometimes he caused the vapor of water to pass through some of the gum resins and emollient and quieting herbs." Thus did the father of medicine use both plain and medicated vapor baths; and thus, too, has *inhalation*, and the internal use of breathing vapor, or vapor baths, been *legitimate* agents of the profession as long as it has existed.

Celsus, who flourished in the reigns of both Augustus and Flavius Cæsar, employed "sulphur fumigation," and the old Romans had a very convenient way of inhaling, either hot dry air, or moist vapor—it

was simply to heat the kettle with the *cover on*, sufficiently to render the air of the room *hot*, for a *dry* inhalation; and to *remove* the cover, for a *moist* one.

Dr. Combe speaks of the vapor bath, when the *vapor is inhaled*, as follows—"In chronic affections, not only of the skin itself, but of the internal organs with which the skin most closely sympathizes, the judicious application of the vapor bath is productive of great relief. Even in chronic pulmonary complaints, it is, according to the Continental physicians, not only safe, but very serviceable, particularly in those affections of the mucous membrane which resemble consumption in so many of their symptoms."

There is some care necessary in the administration of these baths. They should not be taken when the body is greatly fatigued, nor near the time of taking a meal. In administering them the feet should be kept warm, either by having a full share of the vapor in contact with them, or by immersing them in warm water. Unless this is attended to, flushing and headache, with dangerous congestion of the brain, may be induced in some patients. There are some curious *physiological* effects produced by being encompassed in hot air, or vapor, and inhaling it. Magendie, as related in the *Gazette Medicale de Paris*, for April 27, 1844, gives us the following experiments:—take a rabbit or dog (whose normal temperature is  $102^{\circ}$  F.), place it in air heated to the temperature of  $212^{\circ}$  F., and another in air at  $140^{\circ}$ ; the blood in the first will be heated quicker, and death will ensue sooner, than in the last, but the temperature of both, when first dead, will be  $111^{\circ}$ , an increase of  $9^{\circ}$  above the natural heat. The heat of animals, then, it would seem, cannot be increased above a certain temperature. It also appears that a bird (the natural temperature of which is  $111^{\circ}$ ) dies when its temperature is raised to  $120^{\circ}$ ; showing the same increase of  $9^{\circ}$ . It is a question, as to *how* this increase of temperature is effected; whether through the medium of the skin, or of the lungs, or both. To solve this question, he placed the *head* of a rabbit in a stove, leaving the body out; in a given period the temperature of the rectum was slightly increased. He placed only the *body* of another in the stove; the temperature of the rectum was much increased. He therefore concluded, that the heat entered the system rather through the medium of the skin, than that of the lungs.

In the *dry* air bath, the weight of the animal is decreased; but in the *moist* air bath, it is rather increased. Thus, a man in the hot air bath is lighter than when he entered it; in the hot moist vapor, heavier. The former is occasioned by the evaporation, the latter by the absorption of vapor both by the skin and lungs.

Another curious phenomenon, in connection with these vapors, is, we can endure a higher temperature of *dry* than of *moist* heat. It has been found that  $230^{\circ}$  F. can be endured by man in a dry air; when, in the vapor bath, he will be very uncomfortable at  $130^{\circ}$ . An animal will die in a lower temperature in a vapor than in an air bath. This is easily explained upon the principle of pulmonary *absorption* and cutaneous *evaporation*. But it is a fact worthy of being remembered in adminis-

tering, for inhalation, these hot air and vapor baths. The *lungs* will bear a higher temperature than the *body*. Thus, if we plunge an animal's head only into a heated vapor, he will live longer than he will if we plunge only his body in the vapor. This, also, is worthy of being remembered, when we wish to administer moist vapor into the lungs only, or to the air-passages, as is often done in croup or stricture. Every practitioner knows that the administration of a stream of heated vapor from hot water, through the spout of a tea-pot, often affords relief in such cases, when apparently nothing else will do it. Now, when we wish to do this, it is well to remember that, while the vapor poured upon the body at  $122^{\circ}$  or  $125^{\circ}$  is uncomfortable, we can pour a vapor of the temperature of  $140^{\circ}$  or  $145^{\circ}$  into the lungs without unpleasantness or injury. The lungs have but little influence in heating the body in the vapor bath. Magendie showed this in the following way: he kept a rabbit twenty minutes in water at  $50^{\circ}$ , its temperature then being  $70^{\circ}$ ; it was placed in a temperature of  $194^{\circ}$ , and in fifteen minutes more it was taken out expiring; the temperature in the rectum being only  $77^{\circ}$ , instead of  $111^{\circ}$ , the heat being mostly taken up in evaporating the water from the hair of the rabbit, so that the system could be affected only through the medium of the lungs.

In following out the idea that we can endure a much greater temperature of dry heat than of moist, it may be added that Dr. James found himself nearly suffocated in Nero's vapor bath, at  $122^{\circ}$ , while he could endure quite comfortably the dry bath of Testaccio at  $176^{\circ}$ . The moist vapor grows uncomfortable at  $112^{\circ}$ , and cannot be tolerated above the temperature of  $125^{\circ}$ ; but we are told by Dr. Carpenter, in his "Principles of Physiology," that the workmen of the English sculptor Sir F. Chantrey, could enter a furnace in which his moulds were dried, when the floor was red-hot and the thermometer in the air stood at  $350^{\circ}$ . Chabert, called the "Fire King," habitually entered an oven, when its temperature was from  $400^{\circ}$  to  $600^{\circ}$  F.

I wish to impress upon the profession the importance of the vapor of simple water in croup and kindred obstructions of the air-passages. As I have said of other modes and articles of inhalation, so I say of this, it is not *new*, but it is a good remedy; frequently affording relief to the distressed patient and agonized friends, when many other remedies have been tried in vain. It seems to me I have seen life saved by this simple remedy. In *acute* inflammation of the throat and air-passages, I have found relief from the use of vapor at as low a temperature as  $90^{\circ}$ , and gradually increasing the temperature till it comes up to  $125$  or  $130^{\circ}$ .

[To be continued.]

#### NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, November 25th, 1850. *Meliceric Cyst in Forehead. Operation.*—This patient, a healthy young man, about 25 years of age, and

from the wards of Dr. Hayward, presented a tumor about the size of a horse-chesnut over the left eyebrow. He stated that it had existed from birth, but that it had doubled its size within a few months. Upon examination, it proved to be moderately soft and fluctuating; and from its feel, might have been a bag of fluid, or a common fatty tumor. And yet you could be tolerably sure of making a correct diagnosis in this case. In the first place, a sac of any other fluid than the caseous mass which this proved to contain, is very rare in this place. For example, a cyst containing pure serum, or glairy fluid, in the cellular tissue, is quite rare. Neither is chronic abscess, another alternative, likely to exist from birth, or without some of the inflammatory symptoms which were wanting here. Fatty tumor, which is sometimes fluctuating, has generally a lobulated feel somewhere, which this had not. I examined this patient carefully at my house, before he entered the hospital. There was a uniform fluctuating mass above the brow, bounded at its inner side by a remarkably long vertical ridge. Now several years ago I removed a similar congenital tumor from a child of three years of age, situated deep beneath the temporal muscle, and found it imbedded in just this way, in a depression which it had formed for itself in the temporal bone. So that these tumors, when congenital, may imbed themselves at a very early period in the thin, soft adjacent bone—remaining, as in the present case, comparatively inactive for a number of years, and suddenly expanding in a few months, so as entirely to outgrow its original accommodations. When a cyst thus rapidly increases, its enlargement, in several I have removed, seemed to be from an increase of its serous rather than of its solid contents. In this case it was not so. The whole material had increased in quantity.

Apart, however, from any peculiar evidence, encysted tumors are very common in this region; upon the lid, in the orbit and about it: so that a tumor here which presents nothing incompatible with the hypothesis, and which suggests no other especial growth, may be fairly set down as of this character.

By "encysted tumors," I mean a distinct bag or cyst, containing this peculiar caseous, soft, white material. Serous cysts (if we except "hydrocele of the neck") are excessively rare. Cysts containing glairy fluid (if we except the bursa) still more so. Nor should the term "encysted" be applied to those hard or fatty tumors which happen to get surrounded by a little condensed cellular tissue, from which they "peel out." The true "encysted tumor" is very common, and being quite distinct from other growths, should have a monopoly of the name. It is said to contain either *atheroma* or *meliceris*—very ancient words, which often convey no distinct idea. Yet these terms are really very descriptive of the two varieties of the contents: the former signifying *pap*, the latter *honey-wax*; by which is meant, I believe, not clear honey, but chilled or frozen honey, which it greatly resembles. They are in pathology nearly identical; but *atheroma* readily mingles with water; *meliceris* is waxy, sebaceous or oily, and sheds water. *Atheroma* is a watery fluid, filled with little plates or fragments of epidermic material, sometimes as large as grains of rice, and of a semi-translucent white. Under the microscope this shows numberless epithelial scales, of which these masses are composed; sometimes

nucleated, sometimes not, and often very irregular. In *meliceris*, on the other hand, though there may be serum present in small quantity, yet the cells adhere to each other by a tenacious sebaceous matter or concrete oil, and at least in four among the tumors of this sort which I have removed, and of which I have retained a careful microscopic record, there were no scales, but in their stead beautiful translucent oval cells, a few of them nucleated; and occasionally, as a few in this case did, presenting irregularities in form, and some being of minute size. Their usual diameter is rather less than that of an epithelial scale, and they are seen imbedded in and inseparable from the granular sebaceous oily mass, when the field is filled with water; but substitute oil for the water, between the glasses, and these granules are at once dissolved, the cells coming out clear and clean into the field, and being the most truly beautiful cells I have ever met with among morbid growths. They are almost hyaline, and may be rolled about like little bladders. In one case they partially collapsed upon the contact of oil, as by an instantaneous exosmose. The gross mass looks like lard at ordinary temperatures, and is sticky and greasy to the touch.

The cyst of *meliceris* and atheroma is sometimes lined with a beautiful epithelium. Sometimes the epithelium is irregular and rough. In two cases, at least, of *meliceris*, the epithelial lining was only partial—the rest of the surface being moist and divested of integument. This last character may perhaps have some influence in determining the quality of the secretion; whether watery, or sebaceous and waxy; whether epithelial scales, or those large and beautiful epithelial cells.

These cysts sometimes attain large size. I have one that I removed from the shoulder, which held a large tumbler full of atheroma. Sometimes they point and burst, subsequent inflammation then obliterating the sac—or it remains open. But usually the whole sac requires extirpation, as in this case, where, after puncture, the sac was dissected out by Dr. Hayward. A small portion when left is sometimes obliterated, but sometimes gives rise to new secretion; so that it is better in operating to wait for the bleeding to cease and to explore the wound for the whole sac; especially in the lid, where the bleeding at first obscures everything. About the orbit these tumors are very liable to be adherent to the bone; and congenital tumors thus situated, have, in several cases which I have recorded, proved *meliceric* and not atheromatous. Of their cause we know nothing. Astley Cooper thought that they were obstructed sebaceous follicles. Lebert states that they contain all the products of these follicles. This they certainly do, and in addition, often hair, free and attached; but they are often deep, and seem to me to have also other analogies than those offered by the sebaceous follicle.

CASE II. *Hydrocele. Radical Operation.*

CASE III. *Hydrocele. Radical Operation.*

These two cases were average instances of the disease; being each about the size of a small fist, elongated in their vertical diameter. As to establishing a diagnosis upon the external outline, pear-shaped or other, which these accumulations of fluid present, it is very uncertain. Their great test is translucency. A common hydrocele is translucent.



These were perfectly so. When I first examined the elder of these patients, I felt a distinct series of irregularities upon the posterior surface of the sac, like indurated veins of varix or some other unfrequent accompaniment of the affection; but transmission of light showed that there was no varix, and that the convoluted feel was only accidental and in the fibrous parietes. These things are sometimes very deceptive. I once treated a perfectly hard and knobbed string of tumors upon the cord, by leeches, there being some pain, and as I had no doubt of their solid character. There was no approach to fluctuation. As a mere experiment, when I saw the patient again I placed a lamp behind them, and they proved to be perfectly transparent; constituting hydrocele of the cord; the unobliterated tube which the testis drags after it to the scrotum. To examine it properly, you should grasp the scrotum behind, and drawing it tense over the tumor, look through your hand or a roll of paper or a stethoscope placed upon the shaded side, while the other is illuminated by a lamp, or, what is better, by strong sun-light. And it should be borne in mind that pus, or bloody fluid, or walls greatly thickened with lymph, are not unfrequent and are opaque. They must be judged from other evidence. You may have noticed that in the elder of these patients the testis seemed to be a distinct mass appended to the bottom of the tumor, instead of being, as usual, imbedded behind it, and from a quarter to a third way up. This was probably from an accidental adhesion of the tunica vaginalis to the front of the testis, which prevented the sac from being distended downwards and forwards.

The history of these two cases illustrates well the varying progress of the disease. The affection of the middle-aged seaman dates from 12 years, and has never been operated upon. That of the young man of 21, is of only three years duration, and I have drawn the water from it twice before. The contents of the former are a pale thin serum, becoming only cloudy upon the addition of nitric acid. That of the latter a thicker bright yellow fluid, containing abundant albumen, the whole being stiffened as you see by the acid.

It is unnecessary to speak of the numerous methods of exciting inflammation and the exudation of lymph with a view to the obliteration of the cavity. Port wine and water, which sometimes produces sloughs of the cellular tissue, has been pretty generally abandoned for T. Iodine, which does not. I have often seen Velpeau fill the sac with water containing one third T. Iodine. It was rubbed about in the sac until painful, and then allowed to escape. Another way, and that which I adopted in these cases, is to inject a drachm of T. Iodine in two or three drachms of water, and to leave the whole in the sac for absorption. This method seems to be as effectual and safe as any other for the average cases of the affection in adults. You observed that it excited, as often happens, considerable pain in the course of the cord and in the loins, especially in the case of longer standing, where the water had never been drawn off. The testis will probably swell, perhaps largely; flocculent serum will be effused into the sac, as into the thorax in pleurisy, and when absorbed

will leave corresponding adhesions of the organizable parts of the albumen; which is the object of the operation.

The patient with wound of the eye has been discharged, at his own request. The organ was no longer painful, and there is here less reason to apprehend sympathetic inflammation of the sound eye than if the inflammation had been of an idiopathic or morbid character. When such sympathetic inflammation comes on, and it is one great reason for not advising the operation for cataract upon a single eye when the other is sound, it is usually at a later period than this lesion has yet reached; usually in the neighborhood of the fifth week.

CASE IV. *Inflammation of the Gums. "Inflammatory Absorption."*

—This patient, whom you have several times examined, has been discharged—a middle-aged man; in whom, without assignable cause, a toothache of the first left incisor, five weeks ago, was followed by pain in the upper jaw, which in a week presented a double ridge of swelled gum almost burying the teeth and suppurating freely. The teeth, from the right canine to the left molars, were quite loose; abscesses had formed here and there along the gums, while the face was swelled and œdematous. The treatment consisted of cathartics, free local incisions, astringent washes, and the gum was occasionally touched with muriatic acid. The affection has greatly abated, though the teeth are still far from firm.

CASE V.—In the corner of the east male ward you saw on Saturday a patient, an otherwise robust mechanic, aged 24, with a remarkable tumor in the left groin; a deep-seated mass as large as the two fists, rising considerably above the surface, its base measuring five by six inches, and surmounted with abundant convoluted veins. The leg of that side was also very large; the calf measuring four inches more in circumference than the right. The whole surface of this leg is purple, with dilated venous capillaries: and upon the external aspect, varicose veins, with several considerable ulcers of the leg, probably resulting from them. This excessive œdema, the varix and ulceration, are doubtless the result of compression of the veins at the groin, as the mass lies directly upon them, involving Poupart's ligament. From his account, the patient first discovered a small tumor in the groin four years ago, and, at the same time, swelling in the leg, both of which have slowly increased; yet he kept at work till the appearance of the ulcers, four months since.

What is the character of this tumor? Upon its surface is a large and solid handful of varix, easily compressed, and leaving no doubt of its character. Beneath this is a mass of lumps, some adherent to each other, others moveable, and varying from the size of a kidney bean to that of an English walnut. These are doubtless enlarged glands. Exploring the inguinal ring, we find it free from hernial protrusion. The saphenous opening, as far as we can reach it through the swelled integuments, is equally free from crural hernia. This tumor lacks the thrill and the pulsation of aneurism, of which enlarged glands are no regular feature. There is neither elasticity, nor is there any lesion elsewhere to lead us to suspect chronic abscess. It is not a fatty tumor. The fibro-albuminous or sarcomatous tumor I have never known to in-

fect the neighboring glands. There is no acute inflammation. Probability then settles between two alternatives; either a disease which does tend to affect the glands, or an idiopathic affection of the glands themselves. It has occurred to me whether some diseased enlargement of the leg may have infected these glands: but I know of no such disease; nor is there here any circumscribed affection in the leg or thigh; which besides has grown much smaller for bandaging, while the ulcers have nearly healed. The groin is probably the seat of the original lesion, and the swelled leg an effect of it. Now cancer in its various forms infects the glands as a primary disease, or is secondarily absorbed into them from the neighborhood; and this is not a very uncommon place for it. I have seen three cases in the groin which I supposed cancer, in one of which it arose from the femur near its head. But in those cases there was more of a principal central lesion to which the glands seemed to be satellites. Here we have a confused mass of glands more or less distinct, as deep as we can feel them, and no principal mass till we get very deep. There is also less tendency to mutual adhesion than I should think common in glands which have absorbed cancerous cells.

Idiopathic cancer of an absorbent gland itself, in three cases I have seen in the neck, inside of the elbow and groin, was more confined to the single affected gland, which grew to the size of a goose egg and larger, while the neighboring glands were but slightly enlarged, if at all. So that this tumor wants some of the usual features of malignant disease. On the other hand, what is called "chronic inflammation of the glands," does present a very similar chain of tumors. They often occur in the neck, and on section exhibit the enlarged and red gland beautifully spotted or divided with patches of dense opaque, straw-colored lymph, infiltrated into its tissue. I have never identified these in the groin, as in the neck where they are occasionally extirpated, except as scrofulous abscess, after they have become fused and suppurated, in which state they are brought to the surgeon.

I think we may be satisfied that this tumor comes into one of these two categories; but I believe it to be impossible to decide, at present, which. We shall doubtless know more of it from its future manifestations. In the mean time, the leg has been bandaged and placed at rest in a horizontal position, with great relief and diminution in size. For the present, iodine will be administered internally, and cautiously applied without.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 4, 1850.

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*Dr. Dowler's Necrology of New Orleans.*—"Researches upon the Necropolis of New Orleans, with brief allusions to its Vital Arithmetic. By Bennet Dowler, M.D." This is a very interesting and novel paper (first published in the *New Orleans Medical and Surgical Journal* and subsequently issued in a pamphlet), on the comparative healthiness of that

city. It has generally been supposed that that place had the germs of infection inseparably connected with it; but from the researches of this eminent and indefatigable laborer in the cause of medical science, it would seem otherwise. Dr. D. has personally examined the cemeteries of that city, and copied indiscriminately from the inscriptions therein the ages of a great number of the dead. These he has arranged in series of thirty each, and calculated the mean age of each series, and of all the series in each cemetery, and has thereby made out an average of life for the fixed population, much more favorable than can be claimed by cities in general. Of the character of the New Orleans cemeteries, Dr. D. speaks as follows.

"By the general consent of mankind—one not only in accordance with good taste, but with sanitary requirements—the dead are consigned to the ground—'earth to earth.' But in New Orleans a different method of sepulture prevails. In most of the cemeteries, interment in the ground is wholly interdicted, elevated vaults and tombs only being used. The necessity of this method of entombment, for all who can afford the expense, is easily explained by referring to the topography of the city. A grave in any of the cemeteries, is lower than the adjacent swamps, and from ten to fifteen feet lower than the level of the river, so that it fills speedily with water, requiring to be bailed out before it is fit to receive the coffin, while, during heavy rains, it is subject to complete inundation. The great Bayou cemetery is, sometimes, so completely inundated, that inhumation becomes impossible, until after the subsidence of the water, the dead bodies accumulating in the mean while. I have watched the bailing out of the grave, the floating of the coffin, and have heard the friends of the deceased deplore this mode of interment. A young Irish woman, on seeing her husband's coffin lowered into a grave of welling water, exclaimed, repeatedly, 'Oh Mike, it is a dear burying to you, to be buried at the Bayou! Oh that you should come to this!' It is this feeling that has built the different cemeteries which constitute the great Necropolis of New Orleans. Interest, to say nothing of the vanity of friends, requires inscriptions, in order to identify a vault, which is private property, purchased under a written title or conveyance. Hence these monumental inscriptions, from their constancy, accuracy, and number, afford data, which in the absence of exact registers, are probably more trustworthy and valuable than can be found in any other existing necropolis. These necrological monuments, which necessity, pride, interest, and affection have reared, and which will augment from generation to generation, must, hereafter, prove more useful to the vital historian than the pyramids of Egypt, or the countless millions so carefully embalmed and deposited in the catacombs of that country, forty centuries ago. The ethnologist might, even now, commence his lesson among the tombs. The caucasian is separated from the negro race. In some cemeteries, the Irish, in some the German, in some the Anglo-American, in some the French type, predominates."

In the old Catholic cemetery, containing mostly the Creole French, 136 observations by Dr. D. gave the mean age of 48 and a fraction. In the old Protestant cemetery, adjoining the preceding, not now used, 30 inscriptions gave a mean age of nearly 26½ years. The new Catholic cemetery, in the rear of the former, part of which is for the colored race, furnished—in its northern portion, of whites, 80 observations, a mean age of nearly 46 years; in its middle division, whites, 30 inscriptions gave nearly 47½ yrs.; and among the blacks, 150 observations showed a mean of nearly 46½ yrs.; including three centenarians, or as many for 100 as France affords in about

half a million. The new and extensive Protestant cemetery of the Second Municipality, and the Hebrew cemetery, containing a greater proportion of strangers than the three first, gave—the first a mean life of  $30\frac{3}{4}$  years; the second, 27 years. From the Bayou cemetery, or Potter's Field, with still more strangers, and having few monumental inscriptions, 35 ages only were obtained, giving a mean of  $27\frac{3}{4}$  years, which is the general mean of 991 persons buried here during the yellow fever epidemic of 1841. In the Lafayette city cemetery, containing mostly the bodies of German immigrants, 30 ages furnished a mean of only  $20\frac{3}{4}$  years. These statistics are given, not as demonstrative, but for what they are worth. We should like to see the results of a similar calculation on the inscriptions from some of the ancient burying grounds among us.

In speaking of the large bills of mortality in that city, especially at the Charity Hospital, which is so nobly supported by Louisianians for strangers among them when sick, Dr. D. says—"Of 1,800 who died of yellow fever, in New Orleans, in 1841, the State of Louisiana and its cities contributed but 8; or, 1 in 225; the nine most southern States, including Texas, only 25; or, 1 in 72; and the entire black race, only 3; or, 1 in 600. The Hospitals of Paris, are for Frenchmen; the Charity Hospital of New Orleans, the only one in the State of Louisiana, is virtually for foreigners. In Paris, one sixth of the whole population die in the public hospitals; in a population of 700,000, no less than 70,000, or 1 in every ten, pass annually through the public hospitals. While, in the Charity Hospital of New Orleans, the whole State, in 12 years, ending in 1842, supplied, among 59,021 patients, only 556; or, 45 annually, that is, 1 to 7,531—a ratio 783 times less than that of Paris. In 1842, among 4,404 patients in the Charity Hospital, Louisiana furnished only 34, not one in ten thousand of the inhabitants, or one thousand times less than Paris. In Dublin, in 1827, more than 1 in 4 entered the fever hospitals of that city, namely, 60,000—a ratio 25,000 times above that of Louisiana."

*The Health of Boston.*—The bills of mortality in this city have been unusually small for the last few months, nor will the year at its termination exhibit so great a proportion of deaths as the previous years have done. When the Cochituate water was first introduced into the city, it had a peculiar effect upon most of those who made use of it. A difficulty of the bowels, with pain, and tenderness of the abdominal parietes, to some considerable extent prevailed, inducing many to believe that they were suffering from the impregnation of the water by the lead used for service pipe. How far the *cholera influence* had anything to do with such symptoms, is not easily determined. The iron or lead that was held in solution in the water, must have been exceedingly limited, for the most delicate re-agents did not detect them. Now that the citizens have so long enjoyed an unusual degree of health, it is presumed they are getting *accustomed* to the soft pure water, and that the lead and iron have become inert. It was natural to suppose that by such a great change in our water, some effect would be manifested in the vital economy. The difference in quality between the former city water and that from the lake was apparent to all; but though at first the citizens were slightly affected by it, yet none can doubt that to its abundance and purity they are in some measure indebted for the present excellent state of health. It has been observed by members of the profession in another city, that since the introduction of water

among them, calculous concretions are less numerous than formerly ; and we have no doubt that other diseases, both there and here, have diminished also. The comfort and convenience of the citizens have likewise been increased a hundred fold by this abundant supply of the pure element.

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*Reprehensible Practices by Members of the Profession.*—There are many things done by members of the profession that would place them on a level with the arrant quack, yet the society of which they are members have no power to prefer charges against them, they doing nothing that *exactly contravenes its laws*. Recently several members of the Massachusetts Medical Society were arraigned before its proper tribunal, on a charge of violating its statutes. The charges were fully sustained in three of the cases, but as the individuals offered much that was extenuating, they were forgiven, on the condition that they *sin no more*. One had charges preferred against him, which, however, by the laws of the society, could not be sustained, and he was discharged. We should like to have the committee, appointed by the Suffolk District Medical Society to look after and try such cases, see the prescription of this self-same magnus Apollo, that it was our extreme mortification to witness. Only one apothecary in Boston could translate or correctly dispense it, much to the chagrin and disappointment of others equally intelligent and experienced ! There are many belonging to our Massachusetts Medical Society, who ought to be—we were going to say kicked out, but will soften it by saying—reprimanded for their nefarious and mean practices. The society claims to protect the people from the impositions of quacks ; and if it were impartially to perform its duty, there would be some of its members who would receive their cards of dismissal.

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*Bemis's Report of the Webster Case*—Geo. Bemis, Esq., assistant counsel to the Attorney-general in the celebrated trial of the late Dr. Webster, has compiled the mass of testimony, arguments of counsel, the Judge's charge, &c., in that memorable trial, and they are now published in a volume of 628 pages. It also contains every thing of interest connected with that melancholy affair, from the finding of a bill of indictment to the closing scene on the scaffold. Although most of the proceedings of that eventful tragedy—the trial, conviction and execution of the criminal—have been given the public through the newspapers and pamphlets, yet we think it important to possess a correct and complete record of the whole, which the copy before us claims to be ; and, as far as we are capable of judging, its claims are just. Messrs. Little & Brown, Washington street, are the publishers.

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*Motorpathy.*—A circular has been received by us from Dr. Halsted, of Rochester, N. Y., respecting a new system of curing disease by what is styled by him, "*Statuminating, Vitalizing Motion*." For the treatment of prolapsus uteri, or any uterine debility, this system is claimed by Dr. H. to be very successful ; but as the doctor purposes visiting this and other cities sometime in January or February next, and as he will then be able to explain his new theory, we think it unnecessary to give at the present time more than a statement of these facts.

*Proposed College of Pharmacy in Boston.*—It affords us much pleasure to present below the official proceedings of the first meeting of the apothecaries of this city, for the purpose of forming themselves into an association, and making arrangements for the establishment of a College of Pharmacy. There can be no doubt that the plan will be adopted by the apothecaries throughout New England. It is a laudable undertaking, and should receive proper encouragement from the profession.—Ed.

In accordance with a previous notice, a large number of the apothecaries of Boston and vicinity met at the house of Dr. George Stevens Jones, on Friday evening, Nov. 29th, 1850. The meeting was organized by the choice of W. B. Little, Chairman, and S. R. Philbrick, Secretary.

Dr. Jones being called upon, stated the object of the meeting, viz., to consider the establishment of a Pharmaceutical College in Boston. He mentioned in detail the importance of such an institution, and the advantages to be derived from it; he considered it entirely practicable—that it would not be dependent upon Boston or Massachusetts for its support, but upon New England. Remarks were then made by Mr. William Brown, Mr. Thayer of Cambridge, Mr. Spaulding, Mr. White, followed by many others, all of whom gave their full concurrence in the utility of such an institution. Mr. H. D. Fowle addressed the meeting upon the necessity of united action in the matter—he believed that protection to the community, to the physician, and the legitimate apothecary, all demanded that pharmaceutical education should be raised to some fixed and higher standard.

It was then voted that a committee of five be appointed to confer with the apothecaries generally in Boston and vicinity, upon the subject before the meeting.

*Voted*, that Messrs. H. D. Fowle, A. Boyden, H. Thayer, A. Brown, and S. R. Philbrick, constitute that committee.

*Voted*, that this committee be authorized to procure, at the expense of the meeting, a Hall or other place for the next meeting.

Much enthusiasm prevailed during the meeting; and but one opinion seemed to exist. All concurred in the belief that such an institution is necessary, and that it will be established—that while New England leads in almost every thing besides, she shall not always be second in furnishing means for properly educating so responsible a class of men as her apothecaries.

It was then unanimously resolved that the thanks of this meeting be presented to Dr. Jones for his able and well-directed efforts in this matter, and also for so generously throwing open his house for this meeting.

At a late hour the meeting was adjourned to Friday, Dec. 13, 1850, at 3 o'clock, P. M.

S. R. PHILBRICK, *Secretary*.

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*Treatment of Stammering.*—Mention was made in this Journal, some time since, of a new method of treating persons who have a defect in their speech. We are happy to learn that Dr. A. B. Malcolm continues to be successful in the treatment of such cases, and can with confidence recommend him to the profession, and all those who may need his services.

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"*The Races of Men*"—A Fragment, by Robert Knox, M.D., Lecturer on Anatomy, &c., Philadelphia, has just been published by Lea & Blanchard. The doctor, in his preface, says that this "fragment" cost him much



thought and anxiety, and we are not disposed in the least to doubt the assertion. There is much in it that will startle the disciples of Cuvier and other eminent physiologists; yet they cannot but admit that most of the doctrines are tenable. We have derived much information in the perusal of the work, and think, with the author, that "Race is everything; literature, science, art—in a word, civilization, depend on it."

*Medical Miscellany.*—At the examination for the degree of doctor in medicine at Dartmouth College, on the 5th and 6th inst., nine gentlemen had the honors of *Medicina Doctoris* conferred upon them.—The New York Society for the Relief of Widows and Orphans of Medical Men lately partook of an anniversary dinner. Many distinguished men out of the profession honored the festival with their presence, and the meeting is represented as a most interesting and spirited one.—Dr. Mott, of New York, as we learn from the Medical Gazette, has lately performed the operation of tying the carotid artery for the thirty-first time.—Mr. Faraday, it is said, has discovered that oxygen is magnetic, that this property of the gas is affected by heat, and that he believes the diurnal variations of the magnetic needle to be due to the action of solar heat on this newly-discovered characteristic of oxygen—the important constituent of the atmosphere.—The cholera is raging at the island of Cephalonia. Out of a thousand cases, five hundred are reported to have terminated fatally. It has not, and never has, penetrated into Greece; but a severe fever is doing great damage there.—Dr. John Hastings, of San Francisco, charged Mayor Bigelow, of Sacramento city, \$4000 for attending to the wounds he received in the riot. Dr. Bowie charged \$500 for consulting!—Dr. Hopkins, of Georgia, reports, in the American Journal, cases of asthma cured by nitric acid. Doses, three drops, to be increased to five, three times daily, in a wine-glass of sugared water.—Dr. John C. Warren, of this city, recently presided at a large and enthusiastic meeting in Faneuil Hall, called, without distinction of party, for the purpose of expressing an unabated regard for the union of the States and the supremacy of the laws.—The tenth edition of the Elements of Medical Jurisprudence, by Profs. T. R. and J. B. Beck, is announced as just from the press in Philadelphia.—The prize essay by Dr. Carpenter, of England, on the use of alcoholic liquors, is rather roughly handled in the London Lancet and other English Medical Journals.

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*Suffolk District Medical Society.*—The next meeting of the Suffolk District Medical Society, for Medical Improvement, will be held in their new Rooms, Masonic Temple, to-morrow evening, December 9th. A punctual attendance of its members is requested.

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TO CORRESPONDENTS.—Dr. Mitchell's Case of Abscess in the Neck of the Bladder, and No. XVIII. of Cato's Sketches, have been received.

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MARRIED.—At St. Johnsbury, Vt., Fayette Jewett, M.D., to Miss Susan A. Clark, both of St. J.—In this city, Dr. George Hubbard to Mrs. Mary E. McLellan.

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*Deaths in Boston*—for the week ending Saturday noon, Nov. 30, 77.—Males, 35—females, 42.—Abscess, 1—anemia, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 1—burn, 1—consumption, 15—convulsions, 2—cancer, 1—croup, 6—dysentery, 2—dropsy, 1—delirium tremens, 1—erysipelas, 4—fever, 1—scarlet fever, 3—lung fever, 6—hooping cough, 1—disease of the heart, 2—infantile diseases, 6—inflammation of the lungs, 2—congestion of the lungs, 2—measles, 7—old age, 3—palsy, 1—pleurisy, 2—rickets, 1—suicide, 1—teething, 1.—Under 5 years, 34—between 5 and 21 years, 12—between 20 and 40 years, 16—between 40 and 60 years, 6—over 60 years, 9. Americans, 35; foreigners and children of foreigners, 42.

*Extra-Uterine Pregnancy—Fœtus carried forty years.*—There is going the rounds of the newspaper press, an account of an "*astounding freak of nature*," that was lately observed by some physicians in Pennsylvania. Although similar cases have been reported, yet the length of time from the conception, in this case, was certainly remarkable. It is hoped that a correct report may be furnished the *medical press*, by those physicians who attended the patient while living, and made the examination after death.

"On Friday last, an old lady, aged 81, died at Lawrenceville, of a disease of the bowels. A few days prior to her death, it was discovered that a tumor existed in her abdomen, and on being asked whether she was willing to have her body opened after her death, for the purpose of ascertaining the nature of the tumor, she assented. Accordingly, immediately after her death a post-mortem examination was held, and a bony substance of an oval shape was removed. Upon sawing through this, it was discovered that the ossified covering was but thin, and that within it was contained a fully developed female child. So perfectly formed was the child in all its parts, that no difficulty whatever was found in deciding upon its sex at once, and from facts afterwards learned, she must have carried that infant for forty years. The circumstances which sustained this supposition are these:—Her niece, with whom she lived up to the time of her death, distinctly recollects that at one time her aunt supposed herself to be *enceinte*, and went so far as to make all the preliminary preparation for the expected little stranger, but to the astonishment of all, the infant was never born. About this time her husband died, and from that period until her death, her general health was good, and she experienced no inconvenience from the presence of the supposed tumor. The above statement is one of simple facts. The most astonishing part of the whole story is that a highly respectable physician assures us that the child bore signs of at least a probable recent living existence!"

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*Inspector of Drugs at the Port of New Orleans.*—We are pleased to learn that Dr. E. H. Barton, long a resident and practitioner in this city, has been recently appointed "Inspector of Drugs" for the Port of New Orleans. To check the importation of spurious and adulterated drugs into our large cities, is a salutary measure, and will have a tendency to limit, but not to correct a great evil, since any of our apothecaries, were they so disposed, might readily adulterate many of the articles which they are daily called upon to prepare for the public in their own laboratories. The Inspector of Drugs has, we believe, no right to go behind the counters of our druggists, and examine the various preparations made by themselves; his duties are restricted, if we are correctly informed, to an inspection and examination of those alone which reach our port either from abroad or from our Northern cities. We congratulate Dr. Barton on this additional evidence of Executive confidence, and hope he may be successful in detecting all attempts to practise fraud on the unsuspecting public.—*New Orleans Med. and Surg. Journal.*

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*Medicine in Turkey.*—The government of the Sublime Porte have just decreed the formation of a body of salaried medical men, who shall attend both the rich and the poor, with the obligation of not receiving any remuneration from the latter, and to pay especial attention to all questions relating to the public hygiene of the country.—*London Lancet.*